

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 8, 1987

ALL COUNTY INFORMATION NOTICE NO. I-78-87

TO: ALL COUNTY WELFARE DIRECTORS

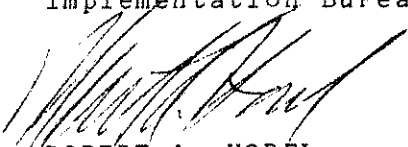
SUBJECT: CA 1 Pilot Project

This will provide you with an initial update on the progress of the CA 1 Pilot Project.

As you know, counties were given the opportunity to participate in a five month field test of the revised Application for Public Assistance (CA 1) form. The following eight counties were selected to pilot the CA 1: Alameda, Amador, Humboldt, Kings, Los Angeles, Nevada, Placer and San Bernardino.

The pilot began on August 1, 1987, with the eight counties gathering control information based on the use of the current CA 1 (11/85) for the months of August and September. During the period of October-December 1987, the counties will be using the revised form, the TEMP CA 1 (See Attachment), to collect pilot data. Counties who are not participating in the CA 1 pilot shall continue to use the current CA 1.

We will keep you informed of the progress of the CA 1 pilot project. If you have any questions regarding the project, please contact Ronald Merrill, Chief of the AFDC and Food Stamp Policy Implementation Bureau, at (916) 322-5330.

  
ROBERT A. HOREL  
Deputy Director

Attachment

**APPLICATION FOR PUBLIC ASSISTANCE**

You have the right to fill out this form yourself or have someone help you at your request.

1. NAME (Person for whom assistance is requested) (FIRST, MIDDLE INITIAL LAST)		MAIDEN NAME (if applicable)
ADDRESS (Street, apartment)		
CITY	ZIP CODE	SOCIAL SECURITY NUMBER
COUNTY OF RESIDENCE		TELEPHONE ( )

2. Are you applying for cash aid? ☐ YES ☐ NO

Are you applying for food stamps? ☐ YES ☐ NO

Are you applying for medical assistance? ☐ YES ☐ NO

Are you applying for any other program? ☐ YES ☐ NO

If "YES", specify.

3. Have you or your family ever applied for or received aid anywhere? ☐ YES ☐ NO

If "YES", specify under what name, where, when and type(s) of aid.

4. If you have a personal emergency, check type(s). ☐ Medical ☐ Child Abuse ☐ Spousal Abuse

☐ Elder Abuse ☐ Other (Explain):

**5. CASH AID APPLICANTS ONLY:** Answer all questions. If you have an emergency, you may get immediate assistance.

a. Do you have an emergency? If "YES", check type(s). ☐ YES ☐ NO

<input type="checkbox"/> Not enough food	Shutoff notice for: <input type="checkbox"/> Gas
<input type="checkbox"/> No housing	<input type="checkbox"/> Electricity
<input type="checkbox"/> Notice to vacate/evict	<input type="checkbox"/> Water
<input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Sewage

b. Do you have any money? ☐ YES ☐ NO

If "YES", how much? \$ ☐ Cash ☐ Checking/savings or credit union account ☐ Other (Specify):

c. Did you receive or will you get cash or other income this month? ☐ YES ☐ NO

If "YES", how much? \$ ☐ When? ☐ Source: ☐

**YOU MAY GET AN IMMEDIATE NEED PAYMENT IF:**

1. You have an emergency situation (examples are: lack of food, lack of housing, notice of eviction, notice of termination or loss of utilities) and
2. You have less than \$100 and cannot cover the cost of your emergency and
3. You are apparently eligible for Aid to Families With Dependent Children (AFDC).

d. Do you need an Immediate Need payment? ☐ YES ☐ NO

If "YES", initial and date.

You May Request An Immediate Need Payment At Any Time During the Application Process Even If Your Previous Request Was Denied.

6. The law requires the collection of information on ethnic origin and primary language. This will not effect your eligibility for aid. If you do not complete this, the county will decide.

a. Ethnic Group. Please check. ☐ White ☐ Black (Not of Hispanic origin) ☐ Hispanic

☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Filipino

b. Language. Please check. ☐ English ☐ Spanish ☐ Chinese ☐ Japanese

☐ Korean ☐ Vietnamese ☐ Filipino (Tagalog) ☐ Other (Specify):

**CERTIFICATION AND PERJURY STATEMENT**

I understand and agree that I have to comply with all eligibility requirements, some of which I may be asked to do before the county issues an Immediate Need payment, such as: registering for work, furnishing social security numbers, applying for and accepting any income which may be available to me, cooperating with the district attorney regarding child and spousal support, etc. Also, I understand that the statements I have made on this form are subject to investigation and verification.

I declare under the penalty of perjury under the laws of the State of California that the statements I have given on this form are true and correct.

SIGNATURE (Or Mark) OF APPLICANT

DATE SIGNED

CASE NAME

SIGNATURE OF WITNESS TO MARK (Interpreter, or Person Completing Form For Applicant)

DATE SIGNED

CASE NUMBER

**READ THE IMPORTANT INFORMATION ON THE BACK OF THIS FORM****COUNTY USE ONLY**

COUNTY OF COURTESY APPLICATION

DATE APPLICATION RECEIVED:

**DISPOSITION OF I. N. REQUEST:**

- ☐ Denied and NOA provided
- ☐ Approved
- ☐ Cash aid approved

EW signature and date:

**ETHNIC ORIGIN:**

Wh H B AP AI F

1 2 3 4 5 7

**PRIMARY LANGUAGE:**

Sp Ch J K F O E V

1 2 3 4 5 6 7 8

- ☐ CWD records cleared
- ☐ MEDS/CDB cleared
- ☐ IEVS initiated

# IMPORTANT INFORMATION FOR APPLICANTS OF PUBLIC ASSISTANCE PROGRAMS

Below is information about the Public Assistance Program(s) for which you have applied. Please read this information carefully. You may obtain further detailed information about these programs by reading the handbook entitled "AFDC Recipient Handbook" available through the county welfare department.

## APPLICATION PROCESSING TIME

The county welfare department is required to either approve or deny your AFDC (Aid to Families with Dependent Children) application within 45 days and your Food Stamp application within 30 days.

## DOCUMENTATION

You must promptly provide documents (for example: birth certificates, bank books, car registration, pay stubs, documents showing ownership of land, home, etc.) and/or information requested by the county welfare department so they can determine your eligibility for aid. If you don't provide the necessary documents and information your application may be delayed or denied.

## WORK REGISTRATION

In order to qualify for Aid to Families with Dependent Children (AFDC) you may be required to register for work and to be available for and seeking work. Your eligibility worker will tell you if you must register. If you are required to do so and you refuse, you will personally be ineligible for aid. In some situations, refusal will make the whole family ineligible.

## ELIGIBILITY FOR OTHER INCOME

All AFDC applicants must apply for and accept any income which may be available to them, such as: Unemployment or Disability benefits, Veteran's benefits, Social Security benefits, etc.

## MEDICAL COVERAGE

If your application for cash aid is approved, you may be eligible for medical coverage through the "Medi-Cal" Program. The eligibility worker will explain the Medi-Cal program to you.

## IMMEDIATE NEED

In order to qualify for immediate need:

- you must have an emergency situation (examples are: lack of food, lack of housing, notice of eviction, notice of termination or loss of utilities).
- your liquid resources must be less than \$100 and cannot cover the cost of your emergency.
- you must be apparently eligible for AFDC.

If you have any questions, ask your eligibility worker.

## REVIEW OF PUBLIC ASSISTANCE CASES

Federal, state and county representatives periodically review cases to ensure that your eligibility for Public Assistance and the amount of aid you receive have been determined correctly. If your case is selected for review, you will be notified and you must cooperate in this review by providing the requested information and documents. Also, benefit and income information will be regularly requested from the Department of Employment Development, the Internal Revenue Service, the Social Security Administration and other agencies to verify the information that you have reported.

## SOCIAL SECURITY NUMBER

You must provide your Social Security Number(s) because the furnishing of the Social Security Number is a condition of eligibility required by Section 402(a)(25) of the Social Security Act. The number will be used in the administration of the AFDC program.

## RESOLVING DISPUTES AND COMPLAINTS

If you are dissatisfied with any action or decision that affects your application, you should try to resolve the issue with the county welfare department. If you are unable to resolve the issue, you may file a complaint or request a state hearing through the county welfare department.

For any complaint that you cannot resolve with the county welfare department you may call, write, or go in person to one of the following offices:

Los Angeles — 107 South Broadway, 90012

Phone (213) 625-4385

Sacramento — 711 F Street, 95814

Phone (916) 322-4000

You may also call the following toll free numbers: (800) 952-5288 or (for the deaf only) TDD (800) 952-8349 in Sacramento. For both numbers you may have to dial "1" first. You will not have to pay for the call.

For a State Hearing mail your written request to the welfare department in your county.

You must state that you want a hearing and why you are dissatisfied. A request for a hearing must be received by the county welfare department within 90 days of the action with which you are dissatisfied.

COUNTY USE ONLY			
CASE NAME	STATE NUMBER COUNTY	AID	SERIAL NO.
NAME OF COUNTY WORKER TAKING APPLICATION	DATE	COUNTY	
<b>DISPOSITION OF EMERGENCY SITUATION</b>			<b>ETHNIC ORIGIN</b>
<input type="checkbox"/> Immediate need payment issued. Notice of Action provided.			WH H B A-P
<input type="checkbox"/> Immediate need payment denied. Notice of Action provided.			1 2 3 4
<input type="checkbox"/> Regular AFDC cash aid payment issued. Notice of Action provided.			A-1 F
<input type="checkbox"/> Concurrent Action Taken:			5 7
<b>COMMENTS:</b>			<b>PRIMARY LANGUAGE</b>
			SP CH J K
			1 2 3 4
			F O E V
			5 6 7 8